Request for Reinstatement

8502491920 TATE OF SOUTH CAROLINA BEFORE THE PUBLIC SERVICE COMMISSION (Caption of Case) OF SOUTH CAROLINA Example: Application for a Class C Charter Certificate from John Doe dba Doc's Limo TRANSPORTATION COVER SHEET 2012 -208 -7 If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned Time: and should be entered above. (Please type or print) 850-630-5<u>3</u>78 Telephone: Submitted by: Address: Fax: 843-619-7433 Other: eric rock and roll transit @amail. co Email: NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Request for Name Change on Certificate Application - Class A/A Restricted Request to Amend Scope of Authority Application - Class C Taxi Request to Amend Tariff (rate increase, etc.) Application - Class C Charter Application - Class C Charter Bus Request to Amend Passenger Limit Application - Class C Non-Emergency Request Exhibit Application - Class C Stretcher Van Late-Filed Exhibit Application - Class E Household Goods Application - Class E Hazardous Waste Letter Proposed Order Application Publisher's Affidavit Request for Extension to Comply with Order Reservation Letter Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded Response Request for Cancellation of Certificate Return to Petition Request for Suspension Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

# PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

## APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Cl	LASS C - CHARTER BUS
Ąр of	oplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
ļ.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
	Kock A Koll Transit Inc.
	115 S. Wells Street Address of Applicant
·	_
_	Panama City Beach FL 32413  Mailing Address of Applicant (if different from street address)
	<u>,</u>
(	211: 850-630-5375 Office: 888-851-5027 N/A Phone
-	eric. rockandrolltransit Ogmail. com OR rockandrolltransit Ogmail.com
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina
	Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
	Carolina Socionaly of State 7 of Sign 407 position. Commenced
3.	Select Entity Type: (Check one)
	☐ Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	Gale Ricks P.O. Box 572 Pleasant View In 37146
	John Ricks some as above
	Eric Ricks 115 S. Wells St, Panama City Peach, FL 32413
	· ·

# DESCRIPTION OF EQUIPMENT

Г	MAKE	YEAR & MO	DDEL	· VIN#	WEIGHT EMPTY	SEATING CAPACITY
,	Interno	tional	1999	1HVBEABL2XH262518	23500	50
2	Intern	ational	1999	1HVBEABLIXH262512	23500	30
,% 	Intern	ational	<u> 2000</u>	1HVBEABL1YH262530	23500	30 <u> </u>
) <sup>(A</sup>	Interr	ational	<u> 2000</u>	1HVBEABL&YH262539	23500	20
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## **INSURANCE QUOTE**

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:	
ROCK & ROll Transit, Inc.	
Name of Applicant	· · · · · · · · · · · · · · · · · · ·
115 S. Wells Street Panama City Address of Applicant Beach	F1 324
Address of Applicant Beach / )	•
Amount of Premium: Limits Quoted: (See Below)	
Liability Insurance \$ 22, 673 Limits \$1,000,000 CS	
The above quoted premium is for a term of 12 months.	
Minimum Limits - Intrastate Only:	
16 or More Passengers* \$ 25,000/300,000/25,000 * Passengers = Number of scatbelts in the including the driver's seath	
National Indemnity Company Name of Insurance Company	
Name of Insurance Company	<u> </u>
Jacksonville, Florida Home Office Address of Company	
Home Office Address of Company .	
am familiar with the Commission's Rules and Regulations relating to insurance requirements and the neets the minimum insurance limits prescribed. The insurance company making this quote is authoriz South Carolina.	above quote ed by the
5-17-2012. When E. Hernan V.  Date Authorized Insurance Company Representative's Signature	
Date Authorized Insurance Company Representative's Signatur	0

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

# Exhibit Fit, Willing, and Able (FWA)

	Reck	4	Roll	Transi	+ -	Inc		
	00110	211		Nan	ne of App	licant		
	<u> </u>	<u>/ 역</u> U.S.D.	O.T No.				ICC No.	
	Does Applicant	have a S					(Submit when received.)	
		licate ra actory	<b>√</b> N ting belov	v and provide o	сору.	Pending  () Un	esatisfactory	
t	Have any of App the past twelve ( Yes				places "c	out of serv	ice" by Transport Police safety offi	icers in
	Are there current Yes If Yes, indicate		Ø No			Applican	t?	
4. 1: 0	s Applicant fam operations in Sou	iliar wit uth Sout	h all insur h Carolina () No	rance regulatio a, and does Ap	ns and sat plicant ag	fety reguls tree to ope	ations governing charter bus carrier erate in compliance with these regul	lations?
tŀ	s Applicant awa herewith? Yes	re of the	Commis	sion's insuranc	e requirer	nents and	the insurance premium costs assoc	iated

#### 05/17/2012 14:35

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

STATE OF SOUTH CAROLINA

COUNTY OF

SWORN TO BEFORE ME

Commission Expires

JAMES HUNTER PALMER lotary Public - State of Florida My Comm. Expires Apr 3, 2016 Commission # EE 80544 Bonded Through National Notary Asan

8502491920

# State of Florida Department of State

I certify from the records of this office that ROCK & ROLL TRANSIT, INC. is a corporation organized under the laws of the State of Florida, filed on April 19, 2010, effective April 19, 2010.

The document number of this corporation is P10000033638.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on March 2, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Seventeenth day of May, 2012

Secretary of State



Authentication ID: 900235260329-051712-P10000033638

To authenticate this cortificate, visit the following site, enter this ID, and then follow the instructions displayed, https://efile.sunbiz.org/certauthver.html

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

## **Safety Certification**

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations:
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

\_\_\_\_, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

JAMES HUNTER PALMER Notery Public - Eteta of Florida My Comm. Expires Apr 9, 2015

Commission # EE 60544

Bonded Through National Notary Assn.

Print Application